



## Cobb County Business License Division

Mailing Address : P.O. Box 649

Marietta, GA 30061-0649

Office Location: 1150 Powder Springs Street, Suite 400

Marietta, Georgia 30064

Phone (770) 528-8410 Fax (770) 528-8414

Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)

Email Address: [businesslicense@cobbcounty.org](mailto:businesslicense@cobbcounty.org)

### Professional Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

See our website at [cobbcounty.org](http://cobbcounty.org) for further instructions.

This Business is: ☐ New Application  
☐ Ownership Change / Date ownership changed \_\_\_\_\_  
☐ I am filing a name/or address change for # \_\_\_\_\_

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

2. Name of Corporation \_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

Full Detailed Description of Business \_\_\_\_\_  
\_\_\_\_\_

6. Are you an individual professional operating in a larger practice? ☐ Yes ☐ No

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ \_\_\_\_\_

Gross Receipts in GA from this location for the calendar year prior to this application \$ \_\_\_\_\_

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ \_\_\_\_\_

8. Date Business began in Cobb County \_\_\_\_\_

If a firm, answer questions 9-13. If an individual professional, please skip to question #13.

9. President/ Managing Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

10. Vice President/ Member \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

11. Secretary/ Member \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_
12. Treasurer/ Member \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_
13. Individual professional \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_
14. Person completing application \_\_\_\_\_  
 Business Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I will comply with the Zoning

Restrictions stated above: \_\_\_\_\_  
 (initials)

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

Signature: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the facts stated by me are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of applicant \_\_\_\_\_  
 ( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

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**OFFICE USE ONLY:**

Occ. Tax Cert. # \_\_\_\_\_

SIC Description \_\_\_\_\_ Category \_\_\_\_\_ BL STAFF \_\_\_\_\_

Due current yr \_\_\_\_\_ Due previous yr \_\_\_\_\_ Due for 2 yrs prior to current yr \_\_\_\_\_

Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due\$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Method of payment: CASH / CHECK # Zoning Division \_\_\_\_\_ Approved/Denied  
 (circle one ) (circle one )

**O.C.G.A. § 50-36-1(c)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: